

CONTINUE

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| Check one:                    |   |        |  |
| ☐ Engineer<br>☐ Land Surveyor |   | * Your |  |

mandatory. Department c

Please complete this form and return with applicable registration fee. Make check or money order payable to: Indiana Professional Licensing Agency 302 W. Washington St., Room 034 Indianapolis, Indiana 46204-2700 Professional engineer registration fee: \$50.00 \$100.00 Telephone: (317) 232-2980 \$50.00 \$100.00 Registered land surveyor registration fee: **ROSTER LISTING - FIRST LINE** On the four lines immediately below, insert your name and the address to which you want your mail sent, including city, state and ZIP code. Except for certain abbreviations, the information on these four lines will be used for roster and mailing purposes. In the roster, for alphabetical listings, you name will appear first followed by the first and middle names or initials, and other identification such as Sr., Jr., Gen., Comdr., etc. All of this will appear or line of the roster and must be confined to the number of spaces shown. NAME (first, middle, last) MAILING ADDRESS (If company address is used, include company name) CONTINUE STATE CITY **ROSTER LISTING - SECOND LINE (optional)** The two lines below will constitute a second line in the roster, if desired, indented below your name. This will be a "free flow" line and, to the extent available. provide a more complete identification of you and your practice such as: position or title, business connection, address including ZIP code, if address is c inserted above. You are NOT required to enter anything in the space below. YOUR POSITION OR TITLE, TYPE OF PRACTICE, FIRM NAME AND ADDRESS ETC.